

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028876

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

390

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0499

2 0499

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4 1

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12 4-0

13 20

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 13 1963

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JoplinLength of stay in 1b  
10 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Freeman HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Joplin

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
624 Jackson AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
LILLIE

Middle

Last  
COPE

4. DATE OF DEATH

Month

Day

Year

August 6, 1963

5. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3-23-18709. AGE (last birthday)  
93IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Nurse10b. KIND OF BUSINESS OR INDUSTRY  
Nursing11. BIRTHPLACE (City and state or country)  
Neosho, Missouri12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

John Cope

13b. MOTHER'S MAIDEN NAME

Catherine

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Miss Minnie Cope, 623 Sergeant, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 2, 1954 to Aug. 6, 1963 and last saw her alive on August 6, 1963  
Death occurred at 10:05 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

304 Medical Arts Bldg.  
Joplin, Mo.

22c. DATE SIGNED

8-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8-8-1963

23c. NAME OF CEMETERY OR CREMATORY

Oakwood Cemetery

23d. LOCATION (City, town, or county)

Newton County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

8-9-1963

26. REGISTRAR'S SIGNATURE

Dore Merriam

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.